

28  
11-13-00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JAW	70831	
O.I.P.E. CLASSIFIER		12	10/19
FORMALITY REVIEW	T.A	5c 8214	11/13/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/22/00
2	✓	✓	3/22/00
3	✓	✓	3/22/00
4	✓	✓	3/22/00
5	✓	✓	3/22/00
6	✓	✓	3/22/00
7	✓	✓	3/22/00
8	✓	✓	3/22/00
9	✓	✓	3/22/00
10	✓	✓	3/22/00
11	✓	✓	3/22/00
12	✓	✓	3/22/00
13	✓	✓	3/22/00
14	✓	✓	3/22/00
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46	✓	✓	3/22/00
47	✓	✓	3/22/00
48	✓	✓	3/22/00
49	✓	✓	3/22/00
50	✓	✓	3/22/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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